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BLAKELY SOKOLOFF TAYLOR & ZAFMAN

1279 OAKMEAD PARKWAY SUNNYVALE CALIFORNIA 94085

(408) 720-8300 (Telephone) (408) 720-8383 (Facsimile)

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Fax Number:	703-872-9306	·		<u> </u>					
From:	John P. Ward	Operator:_	Anne Collette						
Date:	April 29, 2005								
App. No.:	09/851,625		·						
No. of pages:	11 (including cover sheet)								
Client/Matter:	42P10212	_ Docket Date: _	5/15/2005	Atty: EMM					
Dear Examiner:  Please find the follow	wing document(s) at	ached:							
1) Fee Transmi									
	Office Action (9 pag	es)							
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# **CONFIDENTIALITY NOTE**

Date: April 29, 2005

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APR 2 9 2005

Attorney's Docket No.: 42P10212

Patent

**2003** 

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application for:	) Francisco Tracos Las Daire
Rajasekhar Sistla	) Examiner: Truong, Lan Dai T.
cation No.: 09/851,625	) Art Group: 2132
May 8, 2001	)
A Method and Apparatus for Preserving Confidentiality of Electronic Mail	) 
	Rajasekhar Sistla cation No.: 09/851,625  May 8, 2001  A Method and Apparatus for Preserving

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### **AMENDMENT**

Sir:

In response to the Office Action mailed December 15, 2004, please consider the following remarks:

Amendments to the claims begin on page 2 of this paper.

Remarks begin on page 9 of this paper.

05/04/2005 EFLORES 00000068 022666 09851625 01 FC:1252 450.00 DA

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PTO/SB/17 (12-04) Approved for use through 07/31/2006, CMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number Effective on 12/08/2004. Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/851,625 Application Number E TRANSMITTAI Filing Date May 8, 2001 For FY 2005 First Named Inventor Rajasekhar Sistla **Examiner Name** Lan Dai T. Truong Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2132 **TOTAL AMOUNT OF PAYMENT** (\$) 450.00 42P10212 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check \_\_ Credit Card Money Order Other (please identify); Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP Deposit Account Deposit Account Number 02-2666 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION**  BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** (\$) Small Entity Fee (1) Small Entity Eng (\$) Small Entity Application Type

	- 55 147	<u>L66 (3)</u>	L GG [4]	<u>F88 (\$)</u>	100 (4)	F66 (2)	reas raid [4]
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	****
Reissuc	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES						Small En
Fee Description					•		Fee (\$) Eee (\$
T1 1 1 1 0 00		4 4 1					

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50
25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

360
180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Depend	ent Claims				
20 or HP =	× _	=		Fee (\$)	Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20									
ndep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)						
-3 or HP =	х		<u> </u>						
HP = highest number of independent claims paid for, if greater than 3									

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Ictal Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = /50 = (round up to a whole number) x

Fees Paid (\$)

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Signature			OS.	/		//(				Registration No. (Attorney/Agent) 40,216	Telepho	one 408-420-8300	
Name (Print/Type)	Johr	Payr	ck W	ard	,					<del>.</del>	Date	4/79/05	

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